

**Department of Health and Human Services**  
**Division of Mental Health and Developmental Services (MHDS)**  
**Substance Abuse Prevention and Treatment Agency (SAPTA)<sup>1</sup>**  
**Co-Occurring Disorders Fact Sheet**

January 2007

The past two decades have witnessed the emergence of an increasing number of individuals with co-occurring mental health and addictive disorders. These individuals typically do not fare well in traditional service settings, and their course of illness is often associated with poor outcomes across multiple service systems at higher cost and higher levels of service utilization. National epidemiological data demonstrate clearly that the prevalence of these individuals is sufficiently high that co-morbidity must be considered an expectation, not an exception in some populations. The U.S. Surgeon General reports "Forty-one to sixty-five percent of individuals with a lifetime substance abuse disorder also have a lifetime history of at least one mental disorder, and about fifty-one percent of those with one or more lifetime mental disorders also have a lifetime history of at least one substance abuse disorder." These individuals appear not only in mental health and substance abuse treatment settings, but also in primary health care, correctional, homeless, protective service, and other social service settings.

The stigma that still is associated with substance abuse disorders and mental disorders stands between many people with co-occurring disorders and successful treatment and recovery. Individuals with co-occurring disorders present a challenge to both clinicians and the treatment delivery system by the existence of two separate service systems, one for mental health services and another for substance abuse treatment. Effectively blended community models for dual treatment of substance abuse and mental disorders often utilize a four quadrant model of service delivery: Quadrant I: Less severe mental health disorder/less severe substance abuse disorder, Quadrant II: More severe mental health disorder/less severe substance abuse disorder, Quadrant III: Less severe mental health disorder/more severe substance abuse disorder, Quadrant IV: More severe mental health disorder/more severe substance abuse disorder. Quadrant IV is identified as the highest costing co-occurring treatment population in most communities do to the client chronic nature of substance abuse and mental health issues, recurrent crisis involving dual service deliveries for multiple non-completed episodes of care as well as unstable housing leading to a precarious relationship with any system of care.

In the State of Nevada there are twenty-two funded substance abuse treatment facilities being encouraged by SAPTA to develop a predominantly dual diagnosed capable service capacity (DDC-CD) or a dual-diagnosed enhanced setting (DDE-CD) and address the less severe mentally ill and substance abuse dependent population represented in Quadrant I & III. At the center of care delivery for the dual diagnosed are the processes of continuous case management, care coordination of invested agencies and stable housing. National trends regarding the dual diagnosed population clearly reflect a need for improved service delivery. Key points continue to center around stigmatization in a continuum of care that can be easily and readily accessed

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<sup>1</sup> The Division of Mental Health and Developmental Services (MHDS), Substance Abuse Prevention and Treatment Agency (SAPTA), was previously known as the Health Division, Bureau of Alcohol and Drug Abuse (BADA).

multiple times. It is the driving principle of current Nevada providers that any person entering mental health care, substance abuse treatment, or primary care should be screened for mental disorders and substance abuse and then provided appropriate treatment. The following providers are integrating service delivery systems to achieve these goals either on-site (enhanced) or through contractual arrangements for referrals (capable).

Provider	Service Locations	Co-Occurring Services	
		On-Site	Referral
Adelson Clinic	Las Vegas		X
Bridge Counseling	Las Vegas	X	
Center for Independent Living	Las Vegas		X
China Springs	Douglas County	X	
Community Counseling Center	Carson City and Minden	X	
Community Counseling Center	Las Vegas	X	
Clark County Department of Family Services	Clark County, multiple sites	X	
Bristlecone Family Resources	Reno and Sparks	X	
Family & Child Treatment	Las Vegas	X	
Las Vegas Indian Center	Las Vegas		X
Nevada Treatment Center	Las Vegas	X	
Salvation Army	Las Vegas	X	
Family Counseling Service	Reno and Sparks	X	
Lyon Council on Alcohol & Other Drugs	Dayton, Fernley, Silver Springs, Virginia City, and Yerington		X
Mental Health & Developmental Services., Rural Clinics	Ely, Hawthorne, Mesquite, Overton, Pahrump, and Tonopah	X	
New Frontier	Fallon/Lovelock, Ely and Winnemucca	X	
Reno Spark Health & Human Services	Washoe County	X	
Ridge House	Reno		X
Sierra Recovery	South Lake Tahoe		X
Step 2	Reno	X	
Vitality Center, Inc.	Battle Mountain, Elko, Reno, and Winnemucca	X	
WestCare, Nevada	Henderson, Las Vegas, and Mt. Charleston,	X	